

FILED APR 26 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

10839

## 1. PLACE OF DEATH

County DouglasTownship Spring CreekCity 300 (No. Winfried Scott)Registration District No. 974Primary Registration District No. 0382

File No. \_\_\_\_\_

Registered No. 5

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_

St. 0

Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

M

## 4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFSarah F Scott

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.9014

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Farmer9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Nicholas Co.  
Kentucky

FATHER

## 13. NAME

Winfried Scott14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Nicholas Co.  
Kentucky

## 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)1 617. INFORMANT  
(ADDRESS)

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Merry CemeteryDATE Feb. 2

1940

19. UNDERTAKER  
(ADDRESS)Bater Co. Burial Ass.  
Mtn. View Ark.20. FILED 9 111940Worawendel

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1<sup>st</sup> 1940

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 30 1940, to Feb. 1<sup>st</sup> 1940I last saw him alive on 4:30 a.m. 2-1 1940. Death is saidto have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Influenza Pneumonia

Other contributory causes of importance:

Chronic Myocarditis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

M. C. Gentry

M. D.

252 (Address)

Ava J. Ma

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1 X3314

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 440-1093

Date Filed APR 11 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. **10839**

Registration District No. **974**

Primary Registration District No. **5382**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County **Douglas**  
(b) City or town **Spring Creek**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community  
years, months or days)

3. (a) PRINT  
FULL NAME

**Winfield Scott**

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

4. Sex **m**

5. Color or  
race **w**

6. (a) Single, widowed, married,  
divorced **m**

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if

7. Birth date of deceased **Jan**  
(Month)

**17**  
(Day)

**1940**  
(Year)

8. AGE:

Years

Months

Days

If less than one day

**90**

**14**

min.

9. Birthplace **Nicholas Co.**  
(City, town, or county)

**Ky.**  
(State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER

12. Name **John Scott**

13. Birthplace **Ky.**  
(City, town, or county)

**Ky.**  
(State or foreign country)

14. Maiden name **Emily Walter**

15. Birthplace **Ky.**  
(City, town, or county)

**Ky.**  
(State or foreign country)

16. (a) Informant **Sam W. Scott**

(b) Address **Squires, Mo**

17. (a) **Murphy** (b) Date thereof **Feb 2 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director **Werner Roller**

(b) Address **ava, Mo**

19. (a) **5-4 1940**  
(Date received local registrar)

(b) **Reba King White**  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Douglas**

(c) City or town **Spring Creek**  
(If outside city or town limits write "RURAL")

(d) Street No. **Squires, Mo**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **1**  
year **1940** hour minute M.

21. I hereby certify that I attended the deceased from  
19 to 19

that I last saw h. alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death

**Influenza pneumonia**  
**Bi lateral**

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **M. G. Gentry** (M. D. or other)

Address **ava, Mo** Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-10839  
1940